

# BEST AVAILABLE COPY

Staple Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	315	4/9/96
TYPIST	4218	5/8/96
VERIFIER		7-15
CORPS CORR.		7/16
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Final	Original	Date
1	✓	8529	97980303
2	✓		
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SYMBOLS

- ✓ ..... Rejected
- = ..... Allowed
- (Through numeral) ..... Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Final	Original	Date
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